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 SEP 04 2003 \$6144

STATE OF OREGON
 WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the back of this form.

WELL I.D. # L 272670
 START CARD # 152345

(1) LAND OWNER JANH TON Well Number _____
 Name JANH TON
 Address 4248 CORY RD CORY
 City CENTRAL TON State OR Zip 97502

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 160' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	20	BENTONITE	0	20	13 SLS	
6"	20	160					

How was seal placed: Method A B C D E
 Other POURED IN DRY

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	160	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	160	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method SAW CUT
 Screens Type 160 Material P.V.C.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	160	12	45	1/4"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
30	160	160	1 hr.

Temperature of water 62° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 36 N or S Range 1 E or W
 Section 27B 1/4 N/W 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 6-9-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
125	152	20	22

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
CLAY BROWN	0	3	
CLAYSTONE BROWN	3	12	
CLAYSTONE BLUE	12	125	
SANDSTONE BRN	125	132	22
SANDSTONE BLUE	132	160	22

RECEIVED
 AUG 18 2003
 WATER RESOURCES DEPT SALEM, OREGON
 RECEIVED
 JUL 21 2003
 WATER RESOURCES DEPT SALEM, OREGON
 JUN 23 2003
 WATER RESOURCES DEPT SALEM, OREGON

Date started 6-9-03 Completed 6-9-03

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge.
 WWC Number 1757
 Signed _____ Date 6-9-03